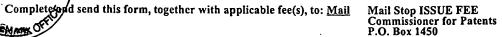


PART B - FÈE(S) TRANSMITTAL



	THE MATERIAL OFF				Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885		
1	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.						
:	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 28390 7590 08/03/2005 MEDTRONIC VASCULAR, INC. IP LEGAL DEPARTMENT 3576 UNOCAL PLACE SANTA ROSA, CA 95403				Note: A certificate of mailing can only be used for domestic mailings of the Fcc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
11/10/2005 YPOLITE2 00000002 012525 09636278					Andrew M. Doughas Depositor's name) Signature)		
01-FC:1501	1400:00 DA				November 3, 2005 (Date)		
02 FC:8001	APPLICATION NO. FILING DATE		FIRST NAMED INVENTO			ATTORNEY DOCKET NO.	CONFIRMATION NO.
L	09/636,278 08/10/2000		1	Sholam-Reza Zadne		PERCUS.1CP2C1	7079
1	•	OCCLUSION OF A VESSEI		NOME POR LINE			,,,,,
Į	APPLN. TYPE	APPLN. TYPE SMALL ENTITY		EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional No XES		\$700	<u>. </u>	\$0	\$700	11/03/2005
į	EXAMINER		ART UNI	IT .	CLASS-SUBCLASS		
	BIANCO, PATRICIA		3761		607-002000		
	CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)			
	PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified b n 37 CFR 3.11. Completion IEE	elow, no assignee of this form is NO?	data will appear on a substitute for file (Cartes) RESIDENCE: (Cartes)	the patent. If an assig ing an assignment. ITY and STATE OR CO	nee is identified below, the output	document has been filed for
1	Medtronic Vascular, Inc. Santa Rosa, CA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
;	4a. The following fee(s) are XX Issue Fee Publication Fee (No XX Advance Order - # o	small entity discount permitt	ed)	Payment by cre	amount of the fee(s) is e edit card. Form PTO-203 s hereby authorized by	8 is attached. charge the required fee(s), or	r credit any overpayment, to
:		(from status indicated abov	•			ALL ENTITY status. See 37 (
	The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Iss Publication Fee (if required) ords of the United States Pa	ue Fee and Publicat will not be accepted tent and Trademark			sly paid issue fee to the applic gistered attorney or agent; or	
	Authorized Signature	moder for	2		Date	Wenter 3,200	<u> </u>
	Typed or printed name		ıglas		Registratio		
	This collection of informati an application. Confidentia submitting the completed a this form and/or suggestior Box 1450, Alexandria, Vir Alexandria, Virginia 22313	on is required by 37 CFR 1.1 lity is governed by 35 U.S.C pplication form to the USP is for reducing this burden, s ginia 22313-1450. DO NOT -1450.	311. The information. 122 and 37 CFR (O. Time will vary should be sent to the SEND FEES OR (on is required to obtain 1.14. This collection depending upon the Chief Information COMPLETED FOR	ain or retain a benefit by n is estimated to take 12 e individual case. Any o Officer, U.S. Patent an MS TO THIS ADDRES	the public which is to file (a minutes to complete, includ comments on the amount of a d Trademark Office, U.S. De SS. SEND TO: Commissione	nd by the USPTO to processing gathering, preparing, and time you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007. 11/08/2005 YPOLITE2 00000056 012525 .09636278

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

02 FC+8001